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Department of the Treasury

Internal Revenue Service

DLN: 93493135089728 OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A F	or the	2017 ca	 alendar vear, or tax vear begin	ning 01-01-2017 , and ending 12-	31-2017				
		oplicable	C Name of organization			D Employe	r identifi	cation number	
		change	AMERICAN MUSHROOM COOPERATI	VE		23-3067	037		
	me cha tıal reti	-	Doing business as						
		n/terminated				E Telephone	e number		
		l return on pending	FIVE STATION AVE RM/STE 205	ail is not delivered to street address) Room/:	suite	(610) 29			
·			City or town, state or province, cour	ntry, and ZIP or foreign postal code		(010) 1	-		
			BERWYN, PA 19312			G Gross red	eipts \$ 1,	351,178	
			F Name and address of principal JOHN R CROOKS	l officer	H(a) Is	this a group ret	urn for		
			JOHN IC CROOKS			ubordinates? re all subordinate	20	□Yes ☑No	
 T Ta	x-exem	npt status				icluded?		☐ Yes ☐No	
				(insert no) 4947(a)(1) or 527	1	"No," attach a li roup exemption	•	•	
) W	ebsite	e:▶ NON	VE		"(")	roup exemption	number		
K Forr	n of or	ganızatıon	✓ Corporation ☐ Trust ☐ Asso	ciation Other	L Year of t	ormation 2001	M State o	of legal domicile PA	
Pa		Sumi Briefly des	mary cribe the organization's mission o	r most significant activities					
e)			ECONOMIC PROSPERITY IN THE						
anc	=								
Activities & Governance	-								
705 20V	2	Check thi	s box > 🔲 if the organization dis	continued its operations or disposed of ig body (Part VI, line 1a)	more than	25% of its net as	ssets 3	3	
×5	l			the governing body (Part VI, line 1b)			4	3	
<u>6</u>			,	lendar year 2017 (Part V, line 2a)			5	1	
Ξ			nber of volunteers (estimate if ned	6					
AC	7a	Total unre	elated business revenue from Part	VIII, column (C), line 12			7a	0	
	ь	Net unrel	ated business taxable income fror	n Form 990-T, line 34			7b		
						Prior Year		Current Year	
Qı	8	Contribut	ions and grants (Part VIII, line 1h)				0	
Rəvenue	9	9 Program service revenue (Part VIII, line 2g)					28	1,159,050	
Y.ć.	10	Investme	nt income (Part VIII, column (A),	lines 3, 4, and 7d)			14	14	
_	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						00	192,114	
				st equal Part VIII, column (A), line 12)		216,7	42	1,351,178	
		Grants ar		0					
			nefits paid to or for members (Part IX, column (A), line 4)						
8		•		enefits (Part IX, column (A), lines 5–10)		111,4	23	111,774	
Expenses			nal fundraising fees (Part IX, colu	, ,,				0	
픐	l		aising expenses (Part IX, column (D), li		272.2	7.6	1 200 046		
_			penses (Part IX, column (A), lines	·		272,3		1,268,916 1,380,690	
		·	enses Add lines 13-17 (must equ	, , , , ,		383,7		· · · · ·	
<u></u>	19	Revenue	less expenses Subtract line 18 fro	om me 12	Regin	-167,0 ning of Current Ye		-29,512 End of Year	
Net Assets or Fund Balances									
Bage	20	Total asse	ets (Part X, line 16)			339,0	07	348,888	
₹ <u>₹</u>	21	Total liab	ılıtıes (Part X, line 26)			117,9	04	157,297	
žī.	22	Net asset	s or fund balances Subtract line 2	21 from line 20		221,1	03	191,591	
Pa			ature Block						
				ined this return, including accompanyin Declaration of preparer (other than of					
any k	nowle	dge .							
		*****	•			2018-05-08			
Sign		Signati	ure of officer			Date			
Here	•		D LEO TREASURER						
		17	r print name and title	T					
			rınt/Type preparer's name OSEPH A GIORDANO CPA	Preparer's signature JOSEPH A GIORDANO CPA	Date 2018-05-15	Check 📙 ıf 🛙 P	TIN 00578904		
Paid		-	ırm's name ► WHISMAN GIORDANO			self-employed Firm's EIN ▶ 20-3			
	pare	;ı ├ <u>-</u> .	irm's address ► 111 CONTINENTAL DR			Phone no (302) 2			
use	On	ıy 📋	NEWARK, DE 1971343						
M > \(\dagger	he ID	S discuss	this return with the preparer show			<u>I</u>		es 🗆 No	
			duction Act Notice, see the sep	<u> </u>		lo 11282Y		Form 990 (2017)	

Cat No 11282Y

Form **990** (2017)

Form	n 990 (2017)				Page	2		
Par	t III Statement of Progra	m Service Accomplis	hments			_		
	Check if Schedule O conta	ins a response or note to a	any line in this Part III .		🗆]		
1	Briefly describe the organization's					_		
PRO	MOTE ECONOMIC PROSPERITY IN T	HE MUSHROOM INDUSTRY	Y			_		
						_		
						_		
2	Did the organization undertake ar		- · · · · · · · · · · · · · · · · · · ·	were not listed on				
	the prior Form 990 or 990-EZ? .				☐ Yes 🗹 No			
	If "Yes," describe these new servi							
3	Did the organization cease condu		changes in how it conducts	, any program				
	services?				☐ Yes ☑ No			
_	If "Yes," describe these changes of							
4	Describe the organization's progra Section 501(c)(3) and 501(c)(4) expenses, and revenue, if any, fo	organizations are required	to report the amount of gr					
4a	(Code) (Exper	nses \$ 1,380,690	including grants of \$) (Revenue \$	1,159,050)	_		
	See Additional Data							
						_		
4b	(Code) (Exper	nses \$	including grants of \$) (Revenue \$)			
						_		
	-					_		
	_					-		
						_		
						_		
						-		
						_		
						_		
						_		
4c	(Code) (Exper	 nses \$	ıncludıng grants of \$) (Revenue \$)	-		
	/\\			, (<u> </u>			
						_		
						_		
						-		
						_		
						_		
						-		
						_		
						_		
4d	Other program services (Describe	n Schedule O \				-		
+u	(Expenses \$	including grants of	\$) (Revenue \$)			
	Total program service expens		*	/ · · · · · · · · · · · · · · · · · · ·		-		

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

No

Νo

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Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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Yes

Yes

Yes

Yes

29

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

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31

32

33

34

35a

35h

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Yes

Form 990 (2017)

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Nο

Νo

Nο

Νo

Nο

Part IV	Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Nο

Fell	Checklist of Required Schedules (Continued)		
		Yes	No
20 0	1 H		

	990 (2017)			Page .
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V \dots			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	4		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	If res, to line 3a of 3b, did the organization me rount 6666-17.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
	the year.	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter Cross unsome from members or shareholders			
	Gross income from members or shareholders			
D	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
2a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
b		-		
ь .3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for	_		
ь .3 а	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
b 3 a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13a		
ь .3 а ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		No

Par	t VI	Governance, Management, and DisclosureFor each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to l	ines				
		Check if Schedule O contains a response or note to any line in this Part VI					✓				
Se	ction	A. Governing Body and Management									
			ı	•		Yes	No				
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	3							
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O									
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	3							
2		ny officer, director, trustee, or key employee have a family relationship or a busines r, director, trustee, or key employee?	ss rela	tionship with any other	2		No				
3	Did th	der the direct supervision?	3		No						
4	Did th	Form 990 was filed?	4		No						
5	Did th	e organization become aware during the year of a significant diversion of the organ	nizatioi	n's assets? .	5		No				
6	Did th	e organization have members or stockholders?			6		No				
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or moments of the governing body?										
b		ny governance decisions of the organization reserved to (or subject to approval by) as other than the governing body?		bers, stockholders, or	7b		No				
8		e organization contemporaneously document the meetings held or written actions (llowing	undert	aken during the year by							
а	The g	overning body?			8a	Yes					
b	Each (committee with authority to act on behalf of the governing body?			8b	Yes					
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who o ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		t be reached at the	9		No				
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Con											
						Yes	No				
		e organization have local chapters, branches, or affiliates?			10a		No				
	and b	s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pu	ırpose	s?	10b						
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the	11a	Yes					
b	Descr	be in Schedule O the process, if any, used by the organization to review this Form	990								
		e organization have a written conflict of interest policy? If "No," go to line 13	•		12a	Yes					
	confli				12b	Yes					
С		e organization regularly and consistently monitor and enforce compliance with the fule O how this was done	policy?	? If "Yes," describe in	12c	Yes					
13	Did th	e organization have a written whistleblower policy?			13	Yes					
14	Did th	e organization have a written document retention and destruction policy?			14	Yes					
15		e process for determining compensation of the following persons include a review and, comparability data, and contemporaneous substantiation of the deliberation and									
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes					
b	Other	officers or key employees of the organization			15b	Yes					
		s" to line 15a or 15b, describe the process in Schedule O (see instructions)									
	taxab	e organization invest in, contribute assets to, or participate in a joint venture or sir le entity during the year?			16a		No				
b	ın joir	s," did the organization follow a written policy or procedure requiring the organizati it venture arrangements under applicable federal tax law, and take steps to safegue with respect to such arrangements?	ard the		16b						
Se	ction	C. Disclosure									
17		e States with which a copy of this Form 990 is required to be filed▶									
18	Section	in 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990		990-T (501(c)(3)s only)							
	availa	ble for public inspection. Indicate how you made these available. Check all that app	oly								
		Iwn website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Sc		•							
19	policy	lbe in Schedule O whether (and if so, how) the organization made its governing doo , and financial statements available to the public during the tax year									
20		the name, address, and telephone number of the person who possesses the organi ON OFFICE CENTER FIVE STATION AVE SUITE 205 BERWYN, PA 19312 (610) 296-		's books and records							

Form 990 (2017)										Page 7
Part VII Compensation of Officers, D and Independent Contracto		stees	, Key	/ Er	npl	oyee	s, F	lighest Comper	nsated Employ	ees,
Check if Schedule O contains a resp	oonse or note to	any lii	ne in	thıs	Part	· VII				<u> </u>
Section A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd F	lig	nest	Con	npensated Emp	loyees	
1a Complete this table for all persons required to year	·								,	ganızatıon's tax
 List all of the organization's current officers of compensation Enter -0- in columns (D), (E), a 	and (F) If no co	mpensa	tion \	was	paic	l				
List all of the organization's current key em										
 List the organization's five current highest of who received reportable compensation (Box 5 of organization and any related organizations 										
 List all of the organization's former officers, of reportable compensation from the organization 	n and any relate	ed orga	nızatı	ons						,000
• List all of the organization's former directo organization, more than \$10,000 of reportable co	ompensation fro	om the	orgar	ıızat	ion	and ar	ıy re	elated organizations	5	
List persons in the following order individual tru compensated employees, and former such perso		rs, inst	itutio	nal t	trust	ees, o	office	ers, key employees	s, highest	
Check this box if neither the organization no	r any related o	rganıza	tion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, un of	t ch unle ficei rust	ss per and a	son	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			related organizations
(1) EDWARD LEO TREASURER	1 00	x						0	0	C
(2) STEVEN PHILLIPS	1 00									
DIRECTOR		Х						0	0	C
(3) ROBERT FERRANTO DIRECTOR	1 00	х						0	0	C
(4) JOHN R CROOKS CEO	40 00			x				80,000	0	22,299
	1	1	1	i .	i	1	i	ı		I

compensation from the organization ▶

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, u n of	t che inles ficer	and a	son	(D) Reportable compensation from the organization (V	Reportable Reportable compensation from the from relate) ated if other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC	2/1039-MI2I	-)	organizati relati organiza	ed
											\perp		
c	Total from continuation sheets to P	 art VII, Sectio 		•			*		80,000				22,299
2	Total number of individuals (including of reportable compensation from the	but not limited				bove		rece		\$100,000			
	· · · · · · · · · · · · · · · · · · ·											Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .	•							ghest compensat	ed employee on	3		No
4	For any individual listed on line 1a, is organization and related organization												
5	Individual										4		No
	services rendered to the organization		ete Sch	edule	J fo	or su	ich pei	rson			5		No
1	Complete this table for your five high	est compensate									mpen	nsation	
	from the organization Report compe	(A) and business addre		year	end	ling	with o	r wit	T	(B) escription of services		(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part \		Statement of Revenue							rage 3
		Check if Schedule O contains	a respo	onse or note to any	y line in this Part VII	ı			🗆
					(A) Total revenue	(I Relat exe fund	B) ted or empt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1 a	Federated campaigns	1a			reve	enue		512-514
nts nts		b Membership dues	1b	<u> </u>					
irai 10 u		Fundraising events	1c						
S. C		d Related organizations	1d						
ig je		Government grants (contributions)		<u> </u>					
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants,	1e						
ion S	1	and similar amounts not included	1f						
but the	١,	above Noncash contributions included							
E G	1	in lines 1a-1f \$							
Cont and	h	Total.Add lines 1a-1f		•					
ı				Busines	s Code				
ગાસ	2 a	SPECIAL ASSESSMENTS			1,1	155,350	1,155	5,350	
- 2	b	MEMBERSHIP DUES				3,700	3	3,700	
Service Revenue	С		_						
<u>\$</u>	d								
Ξ	e		_						+
Program	f	All other program service revenue	2						
Ĕ	g	Total.Add lines 2a-2f		▶	.159,050				
		Investment income (including divid				4			14
		similar amounts) Income from investment of tax-exi				4			14
		Income from investment of tax-exi Royalties			▶ ▶	+			
	٠,	(ı) Rea		(II) Personal	1	+			
	6a	Gross rents		(,	7				
					_				
	b	Less rental expenses							
	c	Rental income or			7				
		(loss)			_				
	u	Net rental income or (loss) . (i) Securi		(II) Other					
	7a	Gross amount from sales of assets other than inventory	cics	(ii) Other					
	b	Less cost or other basis and sales expenses							
		Gain or (loss)			_				
		Net gain or (loss)		•					
Other Revenue	Oa	Gross income from fundraising ev (not including \$ contributions reported on line 1c) See Part IV, line 18	of						
Re		Less direct expenses	b						
ē		Net income or (loss) from fundrai		ents	_				
5	9a	Gross income from gaming activit See Part IV, line 19	ies						
			а						
		Less direct expenses	b						
		Net income or (loss) from gaming	activit	les >	_	1			
	IUā	aGross sales of inventory, less returns and allowances	a						
	b	Less cost of goods sold	b						
	С	Net income or (loss) from sales o	fınvent			1			
	11	Miscellaneous Revenue		Business Code	120,00		120,000		
		amiscellaneous income			120,00		120,000		
	b	BAD DEBT RECOVERY			72,11	4	72,114		
	c								
		All other revenue							
	е	Total. Add lines 11a-11d			192,11	4			
	12	Total revenue. See Instructions			1.351.17		1.351.164		1.4
					1,351,17	<u> </u>	1,331,104	I.	Form 990 (2017)

Forr	n 990 (2017)				Page 10
	Irt IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must comp	elete column (A)	_
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	83,077	83,077		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,560	14,560		
9	Other employee benefits	7,739	7,739		
10	Payroll taxes	6,398	6,398		
11	Fees for services (non-employees)				
ā	a Management				
	D Legal	1,231,335	1,231,335		
	c Accounting				
	d Lobbying				
•	e Professional fundraising services See Part IV, line 17				
	Investment management fees				
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	3,795	3,795		
	Information technology				
	Royalties				
	Occupancy				
	Travel	328	328		
	Payments of travel or entertainment expenses for any federal, state, or local public officials		320		
19	Conferences, conventions, and meetings	2,076	2,076		_
	Interest		-,		
	Payments to affiliates				
	Depreciation, depletion, and amortization	474	474		
	- ' ' ' ' ' ' ' 				
	Insurance	7,236	7,236		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a PROFESSIONAL FEES	9,700	9,700		
	b ADMINISTRATION	8,730	8,730		
	c REIMBURSABLE EXPENSES	3,636	3,636		
	d TELEPHONE	1,551	1,551		
	e All other expenses	55	55		
25	Total functional expenses. Add lines 1 through 24e	1,380,690	1,380,690	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

1

2

32

33

34

Net

Page **11**

315,167

Check if Schedule O contains a response or note to any line in this Part IX

	Beginning of year		End of year
Cash-non-interest-bearing	229,053	1	
Savings and temporary cash investments		2	
Pledges and grants receivable net		'n	

_	Savings and temporary cash investments		_	1
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	104,838	4	28,3
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net Inventories for sale or use . 8

4.200 4.200 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a 9,989 basis Complete Part VI of Schedule D 8.786 916 1,203 Less accumulated depreciation 10b 10c

11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets

15 15 Other assets See Part IV, line 11 . 339.007 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . 16 17 Accounts payable and accrued expenses 117.904 17

18 Grants payable . . 18 19 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21

348,888 157,297 22 Loans and other payables to current and former officers, directors, trustees,

Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties

24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, 25 25

and other liabilities not included on lines 17-24) Complete Part X of Schedule D 117.904 26 Total liabilities. Add lines 17 through 25 . 26 157,297

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 27 through 29, and lines 33 and 34.

221,103 27 27 191.591 Unrestricted net assets

Fund Balances 28 28 Temporarily restricted net assets

29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958),

check here

and complete lines 30 through 34.

Assets or 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31

32

33

34

191,591

348.888

Form **990** (2017)

221,103

339.007

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

☐ Separate basis Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b Yes If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

consolidated basis, or both ✓ Separate basis Consolidated basis ☐ Both consolidated and separate basis

3a

3b

No

Form 990 (2017)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 23-3067037

Name: AMERICAN MUSHROOM COOPERATIVE

Form 990 (2017)

DEVELOPMENT OF A HIGHER DEGREE OF FEFICIENCY

Form 990, Part III, Line 4a: THE BETTERMENT OF THE CONDITIONS OF THOSE ENGAGED IN THE PURSUIT OF MUSHROOM FARMING, THE IMPROVEMENT OF THE GRADE OF MUSHROOMS, AND THE SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493135089728

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

	 Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only 									
		e Part I-A only n Form 990, Part IV, Line 4, or Form 9	90-FZ Part VI lin	e 47 (Lohbving Activit	ties) then					
		have filed Form 5768 (election under s								
		have NOT filed Form 5768 (election un								
	e organization answered "Yes" or oxy Tax) (see separate instruction:	n Form 990, Part IV, Line 5 (Proxy Tax	i) (see separate ii	nstructions) or Form 9	90-EZ, Part V, line 35c					
	Section 501(c)(4), (5), or (6) organiz									
Na	me of the organization	•		Employer id	lentification number					
AM	ERICAN MUSHROOM COOPERATIVE			23-3067037						
Pai	rt I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is		nization.					
1		ızatıon's dırect and ındırect political can								
2	Political campaign activity expend	itures (see instructions)		>	\$					
3	Volunteer hours for political camp	aign activities (see instructions)								
Par	rt I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).							
1	Enter the amount of any excise ta	ıx ıncurred by the organization under se	ction 4955	>	\$					
2	Enter the amount of any excise ta	ıx ıncurred by organızatıon managers ur	nder section 4955	•	\$					
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	hıs year?		☐ Yes ☐ No					
4a	Was a correction made?				☐ Yes ☐ No					
b										
Pai	rt I-C Complete if the organ	nization is exempt under sectio	n 501(c), exce	pt section 501(c)(3).					
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$					
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganızatıons for se	ction 527 exempt	\$					
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$					
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No					
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fun olitical organization, suc	ds Also enter the amount					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds If none, enter -0-	contributions received					
L										
2										
3										
1										
5										
5										
or I	Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule	C (Form 990 or 990-EZ) 2017					

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Mailings to members, legislators, or the public? Publications, or published or broadcast statements?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Schedule C (Form 990 or 990-EZ) 2017

activity

Volunteers?

Part IV

Return Reference

Media advertisements?

1

(b)

Amount

(a)

No

Yes

f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	(5), o	r sec	tion		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				01(c)(6)
1	Dues, assessments and similar amounts from members	1				3,700
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
	Taxable amount of lobbying and political expenditures (see instructions)	5				

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

2017

DLN: 93493135089728OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Inform

Name of the organization

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection ization

AM	ERICAN MUSHROOM COOPERATIVE				23-306703	7	
Pa	Organizations Maintaining Donor Advi Complete of the organization answered "Ye						
		· · · · · · · · · · · · · · · · · · ·		sed funds	(b) Fu	nds and other ac	counts
	Total number at end of year						
2	Aggregate value of contributions to (during year)						
}	Aggregate value of grants from (during year)						
ļ	Aggregate value at end of year						
i	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ets held in donor ad	lvised funds a	_	∕es □ No
į	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					ermissible	∕es □ No
25	ITT II Conservation Easements. Complete if the		nswa	red "Ves" on Forr	n 990 Part		res 🗆 No
_	Purpose(s) of conservation easements held by the organ				11 220, 1 arc	IV, IIIIC 7.	
	Preservation of land for public use (e.g., recreation	•		Preservation of an	historically in	nnortant land are	ea.
	Protection of natural habitat	Tor education,		Preservation of a	•	•	za
			ш	Preservation of a c	certified histor	ic structure	
	☐ Preservation of open space				_		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ntribution in the foi		vation I at the End of	the Vear
а	Total number of conservation easements				2a	at the Life of	circ rear
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified histori	c structure include	d ın (a)	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 8/17/06,	and n	ot on a historic	2d		-
}	Number of conservation easements modified, transferre tax year ▶	d, released, exting	uished	l, or terminated by	the organizat	on during the	
ļ	Number of states where property subject to conservation	on easement is loca	ted ►				
i	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ing, ir	spection, handling	of violations,	☐ Yes │	□ No
,	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	olatio	ns, and enforcing co	onservation ea	asements during	the year
1	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violation	ons, a	nd enforcing conser	vation easem	ents during the y	ear
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^2$	above satisfy the i	requir	ements of section 1	70(h)(4)(B)(i	☐ Yes	□ No
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org					
a	rt III Organizations Maintaining Collections Complete if the organization answered "Ye				er Similar	Assets.	
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducat	on, or research in f			rks of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items						
((i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
(ii)Assets included in Form 990, Part X				▶ \$		
	If the organization received or held works of art, historical following amounts required to be reported under SFAS				ncıal gaın, pro	ovide the	
а	Revenue included on Form 990, Part VIII, line 1				▶ \$		
b	Assets included in Form 990, Part X				▶ \$		
	Demonstrate Designation And Notice and the Treatment of	f F 000					

	41111	Organizations Ma	aintaining Coil	ections c	JI AFL,	HISTORI	cai ir	eası	ires, or	Otner	Similar A	issets (co	ontinuea)	
3		g the organization's acq s (check all that apply)	uisition, accessior	n, and other	r records	s, check a	any of	the fo	llowing t	nat are a	significant	use of its	collection	I
а		Public exhibition				d		Loan	or excha	nge prog	rams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	e generations											
4	Provi Part	de a description of the XIII	organızatıon's coll	ections and	explain	how the	y furth	er the	e organız	ation's ex	empt purp	ose in		
5		ng the year, did the orga s to be sold to raise fur									ular	☐ Yes		No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Fo	rm 990	, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on Fo	orm 990	, Part
1a		e organization an agent ded on Form 990, Part)		an or other	ınterme	diary for	contrib	ution	s or othe	r assets	not	☐ Yes		No
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the f	ollowina	table		Г			Amount		_
c		nning balance							Ī	1c				_
d	-	ions during the year							Ī	1d				_
е		butions during the year	r						Ī	1e				_
f		ng balance							Ī	1f				
2 a	Dıd tl	he organization include	an amount on Fo	rm 990, Pai	rt X, lıne	21, for	escrow	or cu	istodial a	ccount lia	bility?	☐ Yes		— No
b	If "Y∈	es," explain the arrange	ement in Part XIII	Check here	e if the e	explanati	on has	been	provided	l in Part)	KIII		. \square	
Pa	rt V	Endowment Fund							•					
			,	(a)Currer			rıor year		(c)Two ye				(e) Four ye	ars back
1a	Beginn	ning of year balance .												
b	Contrib	butions												
C	Net inv	vestment earnings, gair	ns, and losses											
d	Grants	or scholarships	•											
е		expenditures for facilitie	es											
f	Admın	istrative expenses .												
g	End of	year balance												
2	Provi	de the estimated percei	ntage of the curre	nt year end	d balance	e (line 1g	g, colur	nn (a)) held as	5				
а	Board	d designated or quasi-e	ndowment 🟲											
b	Perm	anent endowment 🕨												
С	Temp	oorarily restricted endov	wment ►											
	The p	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
3а		here endowment funds	not in the posses	sion of the	organiza	ition that	are he	eld an	d admini	stered fo	r the			
	-	nization by										[a-	Yes	No
		nrelated organizations					•					3a(
ь		elated organizations . es" on 3a(ii), are the rel		s listed as r	· · · required	on Sche	dule R	, .	• •			. 3		
4		ribe in Part XIII the inte	-											
Pai	rt VI	Land, Buildings,	and Equipmer	nt.										
		Complete if the or			" on Fo	rm 990	, Part	IV, lı				art X, line	e 10.	
	Descr	iption of property	(a) Cost or oth (Investme		(b) Cos	t or other	basıs (d	ther)	(c) Accı	ımulated o	lepreciation	(d) Book val	ue
1a	Land													
b	Buildin	ngs												
c	Leaseh	nold improvements												
d	Equipn	ment						9,989			8,786			1,203
е	Other													
Tota	I. Add	lines 1a through 1e (Co	olumn (d) must ed	qual Form 9	90, Part	X, colur	nn (B),	line .	10(c)) .		>			1,203

	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		(c) Method of value o	
	al derivatives					
2) Closely- 3)Other	held equity interests	_				
4)						
3)						
E)						
))						
≣)						
·)						
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otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	990, P	art IV, lı	ne 11c. See Fo	rm 990, Part)	(, line 13.
	·		ook value	•	(c) Method of va or end-of-year	aluation
L)					or cha or year	TIATROC VAIAC
2)						
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B)						
9)						
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. Complete if the organization answered 'Yes'	on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	art X, line 15 (b) Book value
-)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
1)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
1) 2) 3)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
2)		on Form	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
2) 3) 1) 5)		on For	m 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
3)		on For	n 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
(i) (i) (ii) (iii)		on For	n 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
(i) (i) (ii) (ii) (iii)		on For	n 990, Pa	rt IV, line 11d S	ee Form 990, Pa	
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(a) Description		m 990, Pa			
1) 2) 3) 4) 5) 7) 33) 9)	imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer					(b) Book value
1) 2) 3) 4) 5) 7) 3) otal. (Colu	(a) Description		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 8) otal. (Colu	imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 8) Part X	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
2) 3) 5) 6) 7) 8) Part X) Federal (2)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
2) 3) 4) 5) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 7) 7) 8) 7) 8) 8) 8)	(a) Description Imn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo			(b) Book value
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Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b

.

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part XI

2

b

c d

e

b

4

b

5

Part XIII

See Additional Data Table

Return Reference

3

4

Schedule D (Form 990) 2017

2e

3

4c

5

Page 4

1,351,178

Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5 1,351,178 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 1,380,690 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 2b b 2c c Other (Describe in Part XIII) 2d d Add lines 2a through 2d 2e 3 1,380,690 3

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

4a

4b

4a

4b

Explanation

Schedule D (Form 990) 2017

1.380.690

Page 5		Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

Additional Data

Software ID:

Software Version: EIN: 23-3067037

Name: AMERICAN MUSHROOM COOPERATIVE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	AMERICAN MUSHROOM COOPERATIVE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE PROV ISIONS OF SECTION 501(C)(5) OF THE INTERNAL REVENUE CODE, THEREFORE, NO PROVISION FOR INCO ME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS ALTHOUGH THE ENTITY IS NOT SUBJECT TO FEDERAL AND STATE INCOME TAXES, THE ENTITY WAS REQUIRED TO ADOPT ASC 740, "ACCOUNTING FOR INCOME TAXES, WHICH APPLIES TO ALL ENTITIES INCLUDING THOSE THAT ARE TAX EXEMPT UNDER 501(C) (5) ASC 740 CLARIFIES THE ACCOUNTING AND REPORTING FOR INCOME TAXES WHERE INTERPRETATI ON OF THE TAX LAW MAY BE UNCERTAIN ASC 740 PRESCRIBES A COMPREHENSIVE MODEL FOR THE FINAN CIAL STATEMENTS RECOGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE OF INCOME TAX UNCERT AINTIES WITH RESPECT TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS MAN AGEMENT HAS REVIEWED ITS CURRENT AND PAST FEDERAL INCOME TAX POSITIONS AND HAS DETERMINED, BASED ON CLEAR AND UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT THE TAX POSITIONS TAKEN ARE CERTAIN AND THAT THERE IS NO LIKELIHOOD THAT A MATERIAL TAX ASSESSMENT WOULD BE MADE IF THE RESPECTIVE GOVERNMENT AGENCY EXAMINED TAX RETURNS SUBJECT TO AUDIT ACCORDINGLY, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED THE DECEMBER 31, 2014, 2015 AND 2016 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE HOWEVER, THE ENTITY IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ENTITY BEEN CONTACTED BY THIS JURISDICTION ANY INTEREST AND PENALTIES INCURRED AS A RESULT OF AN INCOME TAX EXAMIN ATION WOULD BE RECORDED AS INCOME TAX EXPENSE THERE ARE NO INTEREST AND PENALTIES AS OF D ECEMBER 31, 2017 AND 2016

efile GRAPH	IIC print	- DO NOT PROCESS	As Filed Data -		DLI	N: 93493135089728
SCHEDUL (Form 990 or EZ)	r 990- Freasury	Complete to pro Form 990 o	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Mattach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			
Name of the organic Camerican Mushr	ROOM COOPE	RATIVE plemental Informatio	on		23-3067037	ntification number
Return Reference				Explanation		
FORM 990, PAGE 6, PART VI, LINE 11B	REVIEW	ED BEFORE FILED				

Return
Reference

EXPLANATION

990 Schedule O, Supplemental Information

LINE 12C

FORM 990, PRIOR TO THE ANNUAL MEETING THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY
PAGE 6,
PART VI.

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 15A

FORM 990, COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS AND IS COMPARABLE TO OTHER CHIEF
PAGE 6, EXECUTIVES OF SIMILAR CO-OPERATIVES
PART VI.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, COMPENSATION IS REVIEWED AND DETERMINED BY THE BOARD OF DIRECTORS
PAGE 6,
PART VI,
LINE 15B

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. AVAILABLE UPON REQUEST PAGE 6, PART VI, LINE 19